

The most serious results are perhaps sterility, owing to the closure of the abdominal ostium of the tubes. Generally such sterility is relative; patients frequently have had one child. The same holds good in the sterility of prostitutes.

It is, of course, possible that the infection of the gonorrhea may take place during pregnancy, or even shortly after delivery; such cases may be severe in their results, and Sanger professes to recognize a gonorrheal puerperal fever. Sinclair and Noeggerath think that such cases recover slowly, because of the pelvic adhesions, whereas women who survive a genuine attack of puerperal sepsis soon get well.

Another point in relation to this subject is the infection of the conjunctiva of new-born infants; but not all forms of ophthalmia neonatorum are necessarily gonorrheal. Stephenson, however, found gonococci in 66 per cent of his cases. Gonorrheal rheumatism in women also occurs as a complication, with definite effusions into joints, such as the wrists or knees, and ankylosis may even occur.

As to the character of infection causing the complications of gonorrhea, it is possible, as McCann states, that we may have: (a) Pure gonorrheal infection, the result of the infection of gonococci alone; (b) mixed infection, the result of the invasion of pus organisms which have developed in the mucous surface originally attacked by the gonococci; (c) secondary infection, where the gonococci produces the complication followed later by the entrance of the pus organisms, both existing together until the gonococci die or are overgrown by the pus cocci; (d) toxic infection, where the complications may be due to the result of the absorption of toxic products produced by the gonococci or pus organisms.

With regard to latent gonorrhea, Noeggerath believes that a man is never completely cured, and that, if married, he is certain to affect his wife; such cases are better termed chronic, not latent.

Gonorrhea can, of course, be cured completely in either sex by appropriate and early treatment; but the eradication of the infection from the glands of the cervix is a most difficult matter.

THE MANUFACTURING PHARMACISTS OF THE SO-CALLED PROPRIETARY REMEDIES AND THE MEDICAL PROFESSION.*

By WILLIAM H. DUKEMAN, M. D., Los Angeles.

THE present state of the medical profession, distorted, as it is, in the interests and for the benefit of the so-called manufacturing pharmacists, is a most deplorable condition, and as a profession we should, with that true principle and dignity becoming a learned profession, place ourselves absolutely adverse to the present methods pursued by some manufacturers in using the medical profession to further their pecuniary interests. I must say "pecuniary interests," for these manufacturers are not in business for any other purpose.

The public is not asleep to the existing conditions. "The medical profession should be mindful of the high character of their mission and of the responsibilities they must incur in the discharge

of momentous duties." The public is not slow to judge, and as things have been going, is it any wonder that the public should lose the old-time confidence in the practice of medicine as it is conducted to-day? I quote "Principles of Medical Ethics" adopted by the American Medical Association, Chapter III, Sec. 5: "It is the duty of physicians to recognize and by legitimate patronage to promote the profession of pharmacy upon the skill and efficacy of which depends the reliability of remedies." This last word *remedies* covers a broad field; perhaps it were better to have said pure drugs. This word, remedies, allows all classes of the so-called manufacturing pharmacists to enter the field on ethical lines. That their compounds may be reliable as to their ingredients, we will not discuss, but that they are reliable *remedies for the treatment of diseases*, as propounded by them, every true physician must question. The physician prescribing such compounds only places himself on the same level as any pharmacist who assumes to prescribe for the sick. The physician is here doing what the manufacturing pharmacist directs him to do, and just what the physician demands that the pharmacist shall not do. (Chapter III, Sec. 5). Our medical journals are, perhaps, the most to blame for these conditions, for they sell space in their advertising pages to promote the sale of remedies which the editors themselves would not prescribe.

Of the innumerable proprietary remedies now in the market, could we not dispense with every one, and our patients be the better off? My answer is emphatically, yes! Would not the individual who steps into the nearest drug store to purchase these remedies which he has become familiar with, through one source or another, be better off had he never taken such stuff? My answer is emphatically, yes! Then I must answer, too, in the affirmative, that every physician who is in the habit of prescribing proprietary remedies is in the wrong. And I most earnestly appeal to every physician who prescribes such remedies to ask himself these questions: Why have I allowed myself to deviate from the true principles in the treatment of diseases? And have I been conscientious and true to myself in my duties as a physician in administering such remedies to the sick?

We should never forget three things: 1, our duty to our patients; 2, our own self-respect; 3, the honor of our profession.

I beg to not offend anyone. I am aware that some of the most widely known members of the profession have unreservedly and publicly lent their names in testimonials to the good qualities of some of these remedies for the treatment of diseases, and surely these testimonials bear the semblance of "patent medicine" advertisements. Do not misunderstand me, for I am in line with original investigation, as we find it in our higher class institutions. But in our zeal to relieve human suffering, we have been too over-zealous in our efforts to alleviate unpleasant and disagreeable symptoms in certain conditions which we are called upon to relieve, and in this over-zealous state we have been led astray, thoughtless of the outcome, in prescribing something prepared just to catch and fill-in this space of our weakness.

The idea of a proprietary firm dictating to a physician what and how to prescribe in certain diseases, is of itself enough to cause the public to lose confidence in our ability. From what standpoint do we treat diseases? Are we drifting in line with the "patent medicine" man? Have we forgotten our *materia medica* and principles of therapeutics? From the file of prescriptions in our drug stores, I am told by reliable druggists, that there are more prescriptions for proprietary remedies, etc., on file, than of pharmacopial drugs, and that the younger members of the profession take the lead in this matter. This condition of affairs, I am also informed, is rapidly on the increase. Reader, meditate for a few minutes and ask yourself what will be the result? I am only presenting to you facts. If the younger members take

*To the Editor of the STATE JOURNAL:—This article was sent to the *Journal of the A. M. A.* for publication. The editor refused to publish it, on the grounds that it was too general in its condemnation and did not specify the particular remedies. I answered his communication, stating that it was my intent to make it general, no matter whom it hit; the guilty only could take offense. He then asked for its return and would refer it to the committee on publication. I returned it. The article was again condemned, this time by the committee on publication as well as the editor, who, in a second letter, accused me of being influenced and guided by the CALIFORNIA STATE JOURNAL. To this I replied, I think, to the satisfaction of all concerned.

Very truly yours,

W. H. DUKEMAN.

the lead in this direction, whose fault is it? Where do they receive their teachings? I pick up a medical journal and I find not only display advertisements on this line, but original articles from men of standing and influence, setting forth in glowing rhetoric, wonderful results obtained from "soneurol?" etc. Then, I am also informed that certain druggists, on the commercial lines of the department stores, dispense "soneurol" and "hypnotine," etc., from the same bottle.

Our waste baskets are filled daily with advertising matter in glowing colors of all sorts and kinds of remedies. When the traveling representatives of these houses make their quarterly rounds, calling on the doctors, whom do they most desire to see, the old, experienced, or the young physician? And where do they pile up their samples? I will repeat in plain words, the young men are not taking the lead. They may send a larger percentage of such prescriptions to the druggist, but the ones to blame are those who have influence and are of riper experience. What would our predecessors, the founders of the principles and practice of medicine say, were they to rise from their graves and voice their sentiments? Upon hearing their words I fear we would all hide our faces in shame.

A short time since I asked a highly respected member of our profession these two questions: Does the public have less confidence in the medical profession than formerly, and, if so, why? His answer was, "Yes! And the profession has brought it upon itself." It was our little conversation that caused me to write these few words, and if they will only have stimulus enough to cause others to exchange thoughts on this subject, I feel that from my humble effort in briefly calling the attention of the profession to a few of the facts, reform from this deplorable condition will soon come about. And for this purpose I would suggest that our journals, as well as individual members of our profession and our medical societies all over the land, will see a profound duty to perform to relieve the profession of the stigma upon it.

FLIES AS CARRIERS OF CONTAGION.*

By GEO. H. AIKEN, M. D., Fresno.

FOR a physician to have presented this subject to the medical profession twenty years ago would have been to invite ridicule and criticism, but thank God, we have made advancement since that time. While not claiming to advance anything new or startling, I do desire to call the attention of this convention to a subject, the importance of which has not received the serious consideration it deserves. Hence, in bringing this paper before you I shall have no excuses to offer, for as sanitarians no measure is so unimportant or method so trivial—the object of which is the lessening of human suffering and prevention of disease—as not to merit our serious attention, and enlist our best endeavors. While a vast deal of thought and labor have been devoted to the mosquito during the past few years—and deservedly so—regarding the transmission of disease to the human subject, methods of extermination, etc., yet I very much doubt if the evil consequences of this little insect will compare with those of the ordinary house-fly. I am also of the opinion that the medical profession has as yet but a very faint conception of the vast amount of mischief wrought by these apparently innocent little household companions; created for a wise and beneficent purpose perhaps, but a pest nevertheless, a menace to every household, and a source of real danger during their period of greatest activity, the summer months. A large mortality from typhoid fever and other contagious diseases can be charged up to the account of this little insect. Many simple wounds and abrasions have become infected with fatal termination through this medium.

Scores of soldiers on the battlefield have received their death warrant, not from the bullet or shell of the enemy, but from this poison-laden insect. We have recently received an authentic account of numerous deaths in and about Port Arthur from the bite of a certain red-headed fly, which feeds on the decomposing corpses scattered over the battlefield. The bite of this fly is said to be immediately fatal, and beyond the possibility of recovery. The house-fly, or species of the "musca domestica," is by nature a scavenger, its nursery the dunghill, its habitat the cottage and the mansion, with a predilection for the kitchen, dining-room and privy vault. With vulgar, if not perverted tastes, its preference for food is that of filthy, decomposing, animal and vegetable matter. While making special reference to the house-fly in this paper, it is also intended to include all other species which are carriers of contagion.

If you have watched the habits of this insect, you will have noticed how quickly the purulent sputa of the consumptive and diphtheritic is devoured, while that of the healthy subject is ignored. And herein lies the danger from this filth-devouring and contagion-carrying insect.

My attention was first directed to the dangers of contagion from flies in a practical way while inspecting dairies in my official capacity as health officer. In visiting one of these on an early summer morning I chanced to be present while the milk was being areated, and here I found something which not only opened my eyes to the dangers of contagion through the medium of flies, but was also the means of bringing about reforms in this important industry. I found the milk-house well filled with flies, and glancing at the top of the areator, which was covered with cheese cloth and formed the first strainer, I beheld fifteen or twenty flies floating about in the milk taking their morning bath. On the outside of the areator and lower rim were many more enjoying an early breakfast, while in the last strainer over the large can into which the milk was being discharged, were at least fifty more dead flies whirling about and being thoroughly washed of all filth and debris.

Consider for a moment the possibilities of contagion here; warm milk, one of the best culture mediums known for bacteria, laden with flies having previously breakfasted where and on what? Supposing they had feasted on the dejecta of a typhoid patient, the sputa of diphtheria, the desquimating debris of a scarlet fever patient or the infected wound of some animal, what might and probably would have been the result? Enough poison might have been transmitted to this milk to have infected a hundred infants or others had they partaken of it. And these possibilities have been demonstrated to my entire satisfaction during the past two years. It is needless to state that we immediately commenced a warfare against flies and sought by every means possible to protect the milk from contamination. All areators were ordered screened and thoroughly protected from flies, and later dairymen were required to use sanitary milking-pails, so-called, that is, a covering of cheese cloth placed over the top of the pail, and held in place by an outer rim, thus preventing flies and debris falling into the milk and remaining there during the period of milking.

Measured by consequences, immediate and remote, I am firmly convinced that the contamination of milk through the medium of flies is one of the most frequent and dangerous sources of contagion with which we have to deal. As a result of protecting our milk product from flies there has been a perceptible decrease in diarrheal complaints among children, the mortality has been materially reduced, the bacterial count has been much lowered, and is now as readily maintained at 50,000 per cubic centimeter as formerly at 75,000 during the summer months.

My second object lesson along these lines came from inspecting slaughter-houses. On one of my rounds of inspection I found hanging in the slaughter-

*Read before the California Public Health Association, October, 1904.